

MEDICAL SUMMARY REPORT OF MINISTERIAL CANDIDATE

Candidate's Name: _____

To Candidate: Please fill out page one of this form and take with you to your doctor to fill-out page 2.
Scan and upload completed form to UMCARES or send to:

Ed Metzler, Candidacy Registrar
United Methodist Churches of Indiana
301 Pennsylvania Parkway, Suite 300
Indianapolis, IN 46820

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

Candidate Name: _____ Birth Date: _____

I hereby authorize and direct _____ (physician) to disclose to the Indiana Conference Board of Ordained Ministry the following information with regard to the records of _____ (candidate) for the purpose of evaluation by The United Methodist Church for entrance into ministry.

I, the undersigned, understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it. This consent will expire sixty (60) days after the date treatment is terminated unless another date is specified.

I understand that the information requested may be disclosed from records whose confidentiality is otherwise protected by federal as well as state law. Any of the above requested information may include results of alcohol/drug (substance) abuse and/or diagnosis and treatment of psychological disorders, as well as HIV status.

To the party receiving this information: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Signature of Candidate_____
Date_____
Witness_____
Date

SUMMARY REPORT – COMPLETED BY PHYSICIAN***Comments for physician:***

Complete the summary report. The United Methodist Church assumes you are completing this information based on a current physical examination of the candidate. Screening guidelines are provided for reference as needed.

This person is a candidate for ministry in The United Methodist Church. Among other requirements, this includes being able to typically work a full-time week – with periodic weeks requiring longer work hours. Those serving in ministry will encounter situations that require the ability to cope with conflict and stress. Job-related tasks range from office work and traveling from site to site to communicating with and relating to a variety of people and managing multiple tasks simultaneously, among other responsibilities.

Candidate's Name: _____

Date of Physical Exam: _____

Check One:

- Based on the physical exam I completed, this candidate appears to be healthy. I have no concerns about his/her physical fitness for ministry.
- Based on the physical exam I completed, this candidate has some health concerns that are summarized below.

Examining Provider: _____

Address: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____